

**ADEM FIELD OPERATIONS DIVISION – NPDES CONSTRUCTION, AND NONCOAL MINING LESS THAN
5 ACRES STORMWATER REGISTRATION TERMINATION REQUEST AND CERTIFICATION**

RESPOND WITH "N/A" AS APPROPRIATE. FORMS WITH INCOMPLETE OR INCORRECT ANSWERS, OR MISSING SIGNATURES
WILL BE RETURNED AND MAY RESULT IN APPROPRIATE COMPLIANCE ACTION BY THE DEPARTMENT. IF SPACE IS
INSUFFICIENT, CONTINUE ON AN ATTACHED SHEET(S) AS NECESSARY. PLEASE TYPE OR PRINT IN INK.

Complete this form, attach additional information as necessary, and send report to the nearest ADEM office.

Item I.

| | | | |
|--|------------|--|--------------------------------|
| Registrant Name | | Facility/Site Name | |
| NPDES | County | Facility Contact and Title | |
| Facility Latitude & Longitude (decimal or deg,min,sec) | | Facility Street Address <u>or</u> Location Description | |
| Township(s), Range(s), Section(s) | | City | State Zip |
| Phone Number | Fax Number | Email Address | |

Item II.

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| <input type="checkbox"/> Yes <input type="checkbox"/> No required inspections/monitoring have been performed and records retained. If "No", explain: |
| _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No required inspections/monitoring were performed by a QCI, QCP, or qualified person under the direct supervision of a QCP. If "No", attach required Continuing Education Greenfield Fee, and explain: |
| _____ |

Item III.

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| <input type="checkbox"/> Yes <input type="checkbox"/> No All regulated activity authorized by this registration at this facility has been completed, construction/industrial effects removed, solid waste/debris properly disposed, all disturbed areas have been fully reclaimed, suitably stabilized, or perennial vegetative cover established, and stormwater discharges do not represent an adverse impact to water quality. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Permittee no longer has operational control of the facility or legal responsibility for the site, this registration only provides coverage for a part of a phased project or a part of a larger common plan of development or sale. In order for this termination request to be granted, the Name, Phone Number, and Address of the succeeding responsible operator(s) <u>must</u> be listed: |
| _____ |

"I understand that discharging pollutants in storm water associated with regulated activity to waters of the State that is not authorized by NPDES registration coverage is a violation of State law. I also understand that the submittal of this request for termination does not release the operator from liability for any violations of this registration, ADEM Administrative Code Chapter 335-6-12, or other ADEM rules until a complete and correct request for termination of the registration is received by the Department. I understand that the registrant, operator, owner, developer, contractors, home builder(s), property owners association, etc., separately or collectively, must retain coverage for subdivision developments or other phased developments until all disturbance activity, including individual home construction, is substantially complete. Coverage for mines or borrow pits must be retained until all disturbance activity is reclaimed or protection of water quality is assured. I understand that should an inspection or complaint reveal significant noncompliance with ADEM rules, an environmental problem related to the discharge of stormwater from the site or that incorrect information has inadvertently been provided, implementation of remedial measures may be required, to include resubmittal of the NOR and subsequent re-registration in order to correct any deficiencies, comply with federal stormwater permitting requirements, and provide for the protection of water quality. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I certify that this form has not been altered, and if copied or reproduced, is consistent in format and identical in content to the ADEM approved form. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations."

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|---|-----------|------|
| Name & Designation of QCP | Signature | Date |
| Name & Title of Registrant Responsible Official | Signature | Date |